

116TH CONGRESS
1ST SESSION

H. R. 2693

To amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum payment amount under such part for bone mass measurement.

IN THE HOUSE OF REPRESENTATIVES

MAY 14, 2019

Mr. LARSON of Connecticut (for himself, Ms. SÁNCHEZ, Mrs. WALORSKI, Mrs. BROOKS of Indiana, Mrs. TRAHAN, Mr. MARSHALL, Mr. BYRNE, Ms. CLARKE of New York, Mr. COURTNEY, Mr. RODNEY DAVIS of Illinois, Mrs. DINGELL, Mr. FITZPATRICK, Mr. HASTINGS, Ms. JOHNSON of Texas, Mr. KELLY of Pennsylvania, Mr. KING of New York, Mrs. CAROLYN B. MALONEY of New York, and Mr. DAVID P. ROE of Tennessee) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum payment amount under such part for bone mass measurement.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. FINDINGS.**

2 The Congress finds the following:

3 (1) Osteoporosis is a major public health prob-
4 lem with 54 million Americans as of 2010 having ei-
5 ther low bone mass or osteoporosis, responsible for
6 over 2 million fractures per year, including over
7 300,000 hip fractures. The estimated total cost of
8 these fractures is expected to rise to over \$25 billion
9 by 2025.

10 (2) Osteoporosis is a silent disease that often is
11 not discovered until a fracture occurs. One out of
12 two women and up to one of four men will suffer an
13 osteoporotic fracture in their lifetimes.

14 (3) Osteoporosis disproportionately impacts
15 women, who account for 71 percent of osteoporotic
16 fractures, and 75 percent of costs.

17 (4) Most women are not aware of their personal
18 risk factors for osteoporosis, the prevalence of, or
19 the morbidity and mortality associated with the dis-
20 ease, despite the fact that broken bones due to
21 osteoporosis lead to more hospitalizations and great-
22 er health care costs than heart attack, stroke, or
23 breast cancer in women age 55 and above.

24 (5) A woman's risk of hip fracture is equal to
25 her combined risk of breast, uterine, and ovarian
26 cancer. More women die in the United States in the

1 year following a hip fracture than from breast can-
2 cer.

3 (6) One out of four people who have an
4 osteoporotic hip fracture will need long-term nursing
5 home care. Half of those who experience osteoporotic
6 hip fractures are unable to walk without assistance.

7 (7) Approximately 25 percent of women over
8 the age of 50 who sustain a hip fracture die in the
9 year following the fracture, while a further 20 per-
10 cent will never leave a nursing facility.

11 (8) Bone density testing is more powerful in
12 predicting fractures than cholesterol is in predicting
13 myocardial infarction or blood pressure in predicting
14 stroke.

15 (9) Osteoporosis remains both under-recognized
16 and under-treated. Over a 7-year period (2007–
17 2013), 45 percent of older female Medicare bene-
18 ficiaries had no DXA bone density test, and 25 per-
19 cent had only one test.

20 (10) Since 2007, Medicare has cut DXA reim-
21 bursement by over 70 percent. By 2016, the pay-
22 ment cuts caused a loss of 36 percent of DXA pro-
23 viders, resulting in a 21 percent decline in
24 osteoporosis diagnosis and treatment.

1 (11) A decade of steady decline in hip fractures
2 stopped abruptly in 2013. Since then, there have
3 been more than 24,000 additional hip fractures,
4 costing over \$1 billion, leading to 4,800 more deaths
5 than expected if the decline had continued.

6 **SEC. 2. INCREASING ACCESS TO OSTEOPOROSIS PREVEN-**
7 **TION AND TREATMENT.**

8 Section 1848(b) of the Social Security Act (42 U.S.C.
9 1395w–4(b)) is amended—

10 (1) in paragraph (4)(B)—
11 (A) by striking “and the first 2 months of
12 2012” and inserting “the first 2 months of
13 2012, 2019, and each subsequent year”; and
14 (B) by striking “paragraph (6)” and in-
15 serting “paragraphs (6) and (12)”; and

16 (2) by adding at the end the following:

17 “(12) ESTABLISHING MINIMUM PAYMENT FOR
18 OSTEOPOROSIS TESTS.—For dual-energy x-ray
19 absorptiometry services (identified by HCPCS codes
20 77080 and 77082 and successor codes 77085 and
21 77086 (and any succeeding codes)) furnished during
22 2019 or a subsequent year, the Secretary shall es-
23 tablish a national minimum payment amount under
24 this subsection—

1 “(A) for such services identified by
2 HCPCS code 77080, equal to \$98 (with na-
3 tional minimum payment amounts of \$87.11 for
4 the technical component and \$10.89 for the
5 professional component);

6 “(B) for such services identified by
7 HCPCS code 77086, equal to \$35 (with na-
8 tional minimum payment amounts of \$27.18 for
9 the technical component and \$7.82 for the pro-
10 fessional component); and

11 “(C) for the bundled code for dual energy
12 absorptiometry and vertebral fracture assess-
13 ment studies identified as HCPCS code 77085,
14 equal to \$133 (with national minimum payment
15 amounts of \$114.29 for the technical compo-
16 nent and \$18.71 for the professional compo-
17 nent).

18 Such minimum payment amounts shall be adjusted
19 by the geographical adjustment factor established
20 under subsection (e)(2) for the services for the re-
21 spective year.”.

